

City of Trinidad
P.O. Box 390
409 Trinity Street
Trinidad, CA 95570
(707) 677-0223

Karen Suiker, City Manager
Gabriel Adams, City Clerk



2013-2014 BUSINESS LICENSE APPLICATION

You received this notice because:

- You had a City of Trinidad business license last year.
- You have been reported as conducting business within the city limits.
- You operate a known residential or vacation rental unit.

**** Please fill out form completely even if information has not changed. ****

I. General Information

Name of Business: _____

Type of Business: _____

Mailing Address: _____

Owner (s) Name and Address: _____

Business Phone: _____ **Sales Tax ID. No:** _____

Emergency Contact: _____

☐ **CHECK HERE IF YOU ARE NO LONGER DOING BUSINESS IN TRINIDAD.**

II. License Fee = \$ 60.00

>>> TOTAL DUE UPON RECEIPT <<<

To ensure proper credit, make check payable to: **City of Trinidad**, P.O. Box 390, Trinidad, CA 95570

III. Proof of Insurance

Name of Company: _____ **Policy No.** _____
If answer is none, I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. Note: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.

IV. Certification

I hereby certify under penalty of perjury that the above information is true and correct:

Signature: _____ **Date:** _____

V. Email Newsletter

- ☐ Add me to the City's email list to receive Trinidad news & event information.

Email to: _____

Official Use Only: License No: _____ / Issue Date: _____ / By: _____